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Docket No.: THER.008US1

October 9, 2003

22154 U.S. PTO
10/683659



Mail Stop Patent Application

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Enclosed herewith for filing is a patent application, as follows:

Inventor(s): Christopher V. Reggiardo and Benjamin J. Rush

Title: Fluid Delivery Device, System and Method

☒ Check in the amount of \$770.00
☒ Return Receipt Postcard
☒ This Transmittal Letter (in duplicate)
☒ 21 page(s) Specification, including Claims and Abstract
☒ 12 Sheet(s) of Drawings
____ page(s) Declaration For Patent Application and Power of Attorney
____ page(s) Power of Attorney By Assignee of Entire Interest
____ page NonPublication Request
____ page(s) Recordation Form Cover Sheet (in duplicate)
____ page(s) Assignment
____ page(s) Information Disclosure Statement
____ page(s) PTO Form 1449 citing references
☐ Copy(ies) of Cited References submitted
Other: ☐

Applicant(s) assert(s) entitlement to small entity status for the attached patent application
This non-provisional application claims priority based on U.S. Provisional Application No. 60/417,464, entitled "Disposable Pump For Drug Delivery System," filed on October 9, 2002, U.S. Provisional Application No. 60/424,613, entitled "Disposable Pump And Actuation Circuit For Drug Delivery System," filed on November 6, 2002, and U.S. Provisional Application No. 60/424,414, entitled "Automatic Biological Analyte Testing Meter With Integrated Lancing Device And Methods Of Use," filed November 6, 2002, each of which is incorporated herein in its entirety by this reference.

CLAIMS AS FILED

For	Number			Number		Rate		Basic Fee
	Filed			Extra				
Total Claims	10	-20	=	0	x	\$18.00	=	\$ 770.00
								\$ 0.00
Independent Claims	3	-3	=	0	x	\$86.00	=	\$ 0.00
<input type="checkbox"/>	Fee of _____ for the first filing of one or more multiple dependent claims per application							\$
<input type="checkbox"/>	Fee for Assignment Recordation							\$.
<input checked="" type="checkbox"/>	Total fee for filing the patent application in the amount of							\$ 770.00
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any additional fees, which may be required, or credit any overpayment to Deposit Account 502664.							

EXPRESS MAIL LABEL NO:

EV 321718360 US

Respectfully submitted,

Alison de Runtz

K. Alison de Runtz

Attorney of Record

Reg. No. 37,119